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LEADING ARTICLES

PLEURAL EFFUSIONS, THEIR DIAGNOSIS AND TREATMENT.

E. B. MONTGOMERY, M. D.

QUINCY, ILL.

My choice of this subject for presentation at this meeting, is not for the reason that the material on hand is entirely new, as from a growing conviction that the average practitioner is still not as much alive as he should be to the importance of an early diagnosis and prompt treatment of effusions into the pleural sac. Much of this failure to recognize promptly conditions of such importance is unquestionably due to inability to appreciate the value of physical signs, even when clearly present. Still more arises from lack of careful routine examination by percussion and auscultation of all cases presenting symptoms referable to the lungs. Case after case has come under my observation where very large accumulations of fluid in the pleural cavity have been overlooked after physical exploration of the thorax, by men who should have been perfectly competent to make such a diagnosis. This frequent lack of ability to appreciate fully physical signs leads me to urge the importance of the use of the needle for exploration in all doubtful cases, and that this be done early, and repeated, always of course under antiseptic precautions, until the case is thoroughly cleared up.

Occasionally, as in the case of a small encapsulated empyema following typhoid fever, seen by me in consultation several weeks ago, a small sized trocar used in connection with an aspirating syringe will serve to disclose and remove thickened pus which fails to be drawn through the finer needle. But, in any event, when one finds the physical signs of fluid in the pleural cavity, such as dulness or percussion, along with feeble or absent repiratory murmurs needling should always be used, and not only once but repeatedly if the earlier explorations are negative. This is particularly indicated in the empyemas following pneumonia, where it is so often difficult to tell whether the case is one of delayed resolution, or beginning effusion.

The diagnosis having been determined upon, what should be the treatment followed? If the effusion is serous, and is not overwhelming in amount, there is no urgency for its immediate removal by aspiration. I have had most excellent results from the use of sodium salicylate given in daily doses of from 60 to 90 grains, very considerable effusions disappearing under its use in a week or ten days, in case a plainly not rheumatic in character, even in tuberculous cases. If, however, as sometimes happens, absorption does not take place, it is better to aspirate and remove the larger portion of the fluid, always of course under suitable antiseptic precautions. Rarely will it be necessary to repeat the operation. If the fluid accumulation should be purulent, the nature of the infection should be ascertained by bacteriological test of the pus removed by the exploring needle. If the practitioner has no laboratory at his disposal to determine this, a specimen should be sent to the nearest reliable laboratory for a report. If the empyema has followed a pneumonia and the amount of pneumococcus pus removed is not large, the method of treatment advocated by Dr. John B. Murphy [1] should be tried. He asserts that all empyemas which do not communicate with a bronchus, or communicate with adbominal viscera, may be cured by aspiration and injection of a few drams to 2 oz. of a 2 per cent solution of formalin in glycerin. This solution should be mixed at least 24 hours before it is used; otherwise it can produce symptoms

of shock, and local necrosis. For post-pneumonic empyemas, one injection usually suffices for a cure. In old empyemic cavities sterilization of the sac and its contents is secured by this method in a short time. Dr. F. T. Billings,[2] of Pittsburg, in a recent report of seven cases of pneumonic empyemas treated in this way had three fatalities. In one case in my own family, the temperature continued high even after the second aspiration and drainage, with injection each time of the formalin-glycerin, and a similar experience has been given by others. So that this method so highly commended by Murphy, and given almost equal praise by Ochsner should first of all be tried. If, however, after the lapse of several days the temperature still keeps up and the symptoms do not improve, incision should be made under local anesthesia, and a drainage tube inserted. Resection of the rib is rarely necessary, though far too freely advised. Thus Musser[3] commends it as a diagnostic measure where pus is not readily found by needling. McCrae[4] giving the experience of Johns Hopkins Hospital in empyema following pneumonia, says "There should not be a delay of more than two or three days before operation, if the symptoms persist after aspiration. It is usually better to resect a portion of a rib than to attempt to drain through an intercostal space."

And in text-book literature generally the opinion seems to prevail that only by rib resection can thorough drainage be had. My experience has been that very thorough drainage may be had if the opening to the abscess cavity through the intercostal space is properly located by the use of the Henry's[5] rubber drainage spool, the double empyema drainage tube of Andrews, or the metal flanged tube devised by A. C. Colton.[6] If the cavity has so far closed that it holds not more than two ounces, excellent results are obtained by filling witth Beck's paste according to the method described by Dr. Emil G. Beck,[7] of Chicago, in the treatment of fistulous tracts in general. Dr. L. L. McArthur[8] writes that he has used this method with complete success in five cases. In one case in which I have made use of it the result was a rapid cure. Dr. A. J. Ochsner[9] gives a tabulated list of 14 cases treated by him with success by this method. He uses two formulae number one consisting of one part arsenic, free bismuth subnitrate and two parts sterile amber vaseline, and number two containing bismuth subnitrate 30 parts, vaseline 60 parts and paraffin 10 parts. No. 1, he used daily, or every other day until the sinus or abscess was practically free from pus; then he used No. 2 every second day, and later every fourth or fifth day, until healing was complete. He used an ordinary glass syringe with only enough force to fill the cavity the outer opening being closed with a gauze plug. His experience was that cases in which the abscess cavity communicated with a bronchus, would heal just as rapidly as the other cases, and that the discharge from the sinus rapidly became sterile.

In conclusion, I wish to state again the points in this paper on which emphasis is laid: In diagnosis the importance of supplementing the usual physical exploration in all cases doubtful or otherwise, by needling with aspirator or fine trocar, frequently repeated, if necessary, that the earliest possible diagnosis may be made. In treatment to resort to rib resection only in old neglected cases, and to use either aspiration followed by the formalin glycerin injection in suitable, or intercostal drainage with proper tube, followed by injection with bismuth past when the cavity has reached suitable dimensions.

1. Practical Medicine Series, 1910 Vol. Surgery.
2. Journal American Medical Association, Vol. 54.
3. New York Medical Journal, Dec. 7th, 1907.
4. Johns Hopkins Hospital Reports, 1910.
5. Practical Medicine Series, 1909, Vol. Surgery.
6. Journal American Medical Ass'n, Vol. 54.
7. Surgery, Gynecology and Obstetrics, Vol. 9, p. 255.
8. Personal Communication.
9. Annals of Surgery. July, 1909.

Suit Against Surgeon for Sudden Death During Anesthesia.—Dr. Forgue, professor of clinical surgery at the Montpelier (France) college of medicine, was recently prosecuted for professional negligence, the sum of $20,000 (100,000 frances) damages being asked for the death of the plantiff's son on the operating-table during chloroform anesthesia. The Montpellier court decided against the plaintiff, on the ground that the syncope to which the patient succumbed was one of those accidents against which science at present has no remedy, and that Dr. Forgue then brought a cross-action, on the ground of the injury to his reputation through the prosecution. Taking into account the fact that this prosecution was the outcome of the excitement occasioned by a painful event, he limited his demands to the sum of 20 cents (1 franc). The court sustained this demand and sentenced the father of the deceased to pay Dr. Forgue 1 franc damages.

RECURRENT INSANITY AND THE STIGMATA OF DEGENERACY.

MARC RAY HUGHES, M. D.

ST. LOUIS.

Professor of Mental and Nervous Diseases, Barnes University; former Professor Criminal Anthropology, Benton College of Law; Associate Editor Alienist and Neurologist.

Following the trend of thought expressed in my last contribution, "Some Anomalies of the Stigmata of Degeneracy," it might be well to give a moment's attention to the stigmata of degeneracy of the ordinary insane, or the insane in which immorality has played no part, the term is thus used because in a pervious article I discussed, from an anthropologic standpoint, the stigmata of degeneracy in criminals and the criminally insane. I beg to say in passing, that in making my own measurements, I use a table of logarithms, for conveniences sake, and those who have used the above referred to table, will no doubt see how easy it is to make a mistake, or clerical error in a degree, minute or second, and somewhat a later your sought-for angle; hence I crave your indulgence along that line.

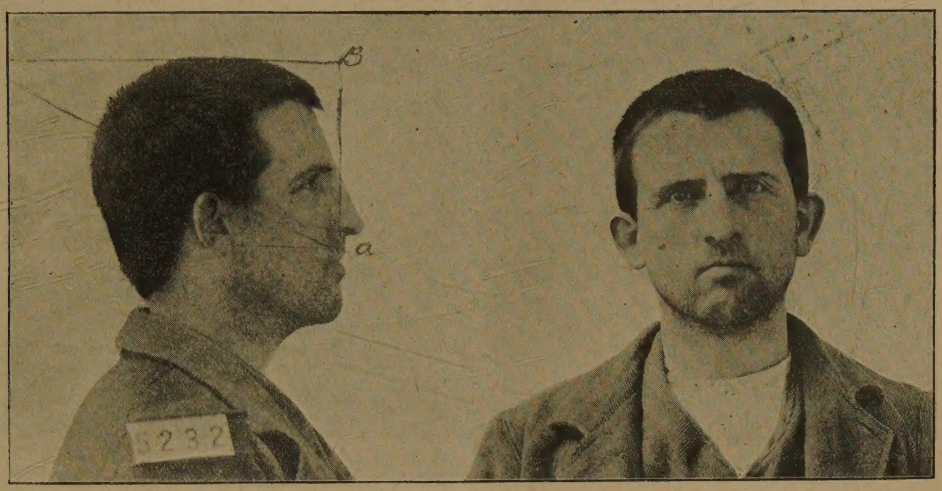

Fig. 5232. Degenerate, insane, criminal, showing many anomalies of the stigmata.

There are certain stigmata of degeneracy that are bound to follow no matter whether the case may be insane (moral) insane, criminal, or a mental degenerate condition, known as genius. The anomalies will be present, though they of course differ more or less in each individual; for instance the genius type usually present, the type common to idiocy or imbecility, which in a way is synonymous to genius, or rather their degeneracy is akin. It might be perhaps better to say that idiocy is more akin to genius, than genius to idiocy, for we never find an idiot genius, but we always find a genius to be an imbecile. Of course, as there is marked difference between idiocy and imbecility, for there really is but one class of idiocy and several of imbecility, so is there more than one class of genius, though they all belong to the degenerate type, and should be classed with the imbecile; low grade, high grade, and intermediate, according to the amount of abnormal brain condition present and the amount of intellect still remaining other than is expressed by genius impulse.

Naturally there arises this question, why is a person insane, and why is a person a degenerate—both being resultants of the same conditions in some instances, and then again being in others entirely different. Congenital faults of cellular formation is the fundamental principle of the production of degeneracy. The same is true in certain forms of insanity, and psychosis; commonly speaking, we call it an inherited condition whether direct or atavically developed, which is one and the same thing. Then on the other hand, there is the insanity and psychosis in which prenatal influences played no part, still the same outward condition exists, from faulty cellular conditions, but from another source resulting in character changes if carried far enough; hence the only similarity between recurrent insanity and the stigmata of degeneracy. The fact that it is a recurrent trouble makes it all the more plain that it should be a degeneracy psychosis other than a functional condition of the

brain whether toxically or otherwise produced, the mere fact that insanity can exist shows a condition effecting the brain that disposes to degeneracy. A solid mental equilibrium would stand the storm and the vicissitudes that life must naturally pass through. A weak one falls by the wayside. Merely the survival of the fittest.

There are two points which I wish to make clear, and upon which I do not wish the reader to be misguided, and the first and most emphatic is this: all the anomalies of the stigmata of degeneracy do not always show, or are not discernable in a degenerate, nor is it true that certain malformations that resemble anomalies of the stigmata belong to a degenerate. Deviation from the normal, show tendency to degeneracy both in form and mind. Given moral change, secondary outward change amounting to the various anomalies of the stigmata of degeneracy resultant with certain positive signs of degeneracy, following the line of least resistance, the final picture —criminal insanity. On the other hand, supposedly a normal person of no composite lines of degeneracy. A sudden crisis—a weak mentality, lead to seemingly unsuspected (again the survival of the fittest) mental derangement (acute mania). Inward emotional exhibitions, vicious tendencies—picture-degeneracy with its accompanying anomalies. The conclusions are obvious. Every day the close observer of human nature comes in contact with the masses, all classes, none are exempt. The moneyed classes who think themselves secure behind the brocaded portiers safe from the scourge of degeneracy, and shun the under dog, as if he were a pest. Little do they think that they are perhaps harboring within themselves that little cellular structure whose slightest interference would lead to degeneracy though not crime perhaps, but insanity, and thus they may live on the threshold of degeneracy in the form of insanity and abhor the criminal scarcely ever bothering themselves with the thought of bettering these unfortunates, except by casting them into prison to progress in their downward path to complete degeneracy.

Here I crave your close attention to the case of the car barn bandits—the family history as gotten by Lydston,* showing the actual conditions mental alienation and the stigmata of degeneracy. It seems then, that they had been chums from early childhood, or rather early boyhood, and at that age their criminal tendencies commenced, though then merely the capriciousness of youth, which developed the stigmata of degeneracy, during the period of puberty and the more critical periods of individual existence when the not thoroughly established inhibitory centers and the period of vascillation when their nature go in the direction of least resistance good or bad as the influence brought upon them. There were three of the bandits. Their family history is as follows. First one, his age twenty-two, epileptic in early part of life. Father wanted in the United States for defaulting for a considerable sum. Many generations back neurotic and psythopathic stock, much insanity, epilepsy and imbecility. So much for the first one.

No. 2; father died insane; mother arrested more than twelve times for disorderly conduct (mental deficiency) much dementia,

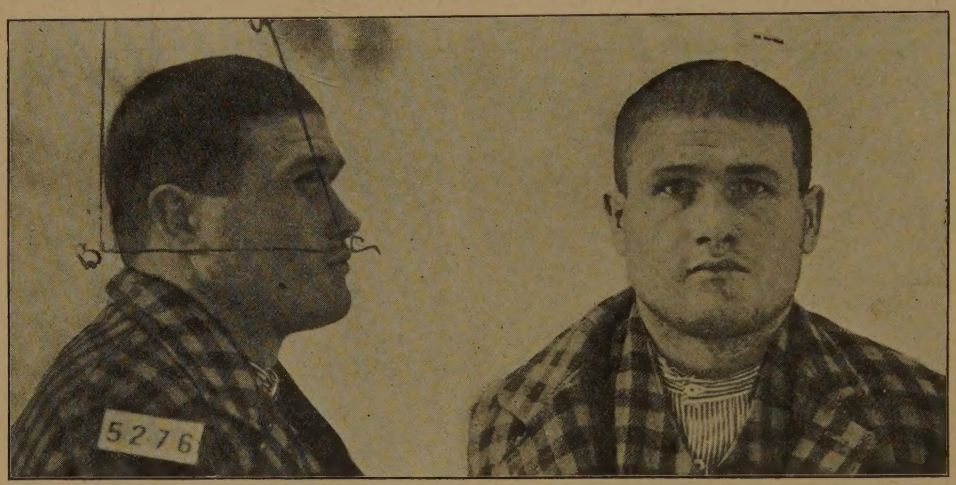

Fig. 5276. Degenerate, criminal, insane, all in one, showing the stigmata of degeneracy.

* Medical Record, August 27th, 1910.

no knowledge of family history further back.

No. 3; Father served one term of twenty years in the penitentiary for one crime alone. His sister and brother were both insane. These men also showed marked stigmata of degeneracy, i.e., frontal development minus, flattening of the occiput of skulls, saddle shaped pates and assymetrical jaws, etc.

It would be well to mention here the relation between the facial angles or the angles of the head especially, to say nothing of the anomalies that seem to go hand in hand with the degenerate and insane individual. I call your attention to the accompanying photographs of criminals, degenerates, lunatics, which ever you choose to call them, for they are all three. Blainville's ears are well marked in one, and many other anomalies too numerous to mention here, but the point of prominence I wish to call your attention to is the facial angle; not that this is any more of a potent factor, but it is an important one in establishing a picture of degeneracy. This angle will fall below the normal in insane as well as criminal. Degeneracy of brain marks deviation of physiognomy, therefore the angle is the same where degeneracy has been at work long enough, and will produce this anomally. Of course when it has been an heritage for years, the greater will be the anomally naturally and vice versa. Acquired insanity may not show the angle at the beginning, but the succeeding generation is bound to show it—just as the breed shows its breed from which it sprung—so does degeneracy show its progeny. My object in showing this process of examples of criminals for degenerative imprints is twofold: one to prevent further degeneracy in the individual showing the marks; secondly to prevent insanity of the degenerate of incurable type in the progeny.

If children of seeming vicious tendencies were measured and looked after in a rational way when signs of degeneracy were beginning to develop there would be much less sorrow, insanity feeble-mindedness and degeneracy in the world.

Most any work on trigonometry or higher mathematics will show the referred to process of obtaining an angle, and several works on anthropology give in detail various anthropometric landmarks from whence you start your measurements and complete your observations.

The measuring process works thus—say we wish to ascertain the facial angle. We use a measuring stick beginning at the anterior ending of the gums and reaching under the ear to occiput, using that line for the base of the triangle, then say the length of the base is 20 inches, the next line begins at right angles to where the base stops and extends upward to top of head. Say the length is 16 inches, the hypotenuse is formed by a line drawn from the ending of the second line to the beginning of the firs tline or base, thus forming a right angle triangle and showing the facial angles. Supposing our measurements were as above, we would have a simple problem in trignometry $\frac{20}{16}$ using the size of tangent of the angle looked for, which is its equivalent. After working would give the number which is the tangent of the angle, and turning then to your table of tangents, you find the degree of the angle and minutes and seconds if you wish to go that far. The finding of the angles, all the way through, are merely a process of trignometry, that should be known by every man of science, especially one who deals with human beings. Much knowledge may be gained thereby, especially if he deals in anthropology, as to the relative mental capacity.

One conclusion that is to be drawn is: that the insane have anomalies of degeneracy, similar to the criminal, provided both should show the same pedigree or family history, and that the criminal is a degenerate, and his organism incomplete as to mentality and stability, the same as the insane, and that an insane person who does not show the full data of anomalies of the stigmata, will show them in his progeny; likewise the insane should there be any, or should the insane recover and then procreate.

These several points, I would ask to be remembered by those who have the betterment of our race at heart.

In a future article I will discuss the other anomalies, and how to find them.

Metropolitan Building.

To Teach Doctors How to Cure Disease Without Drugs.—Temple University, of Philadelphia, has inaugurated a course of medical training said to be unique among the medical schools of the world. The new course has to do with methods of effecting cures and developing the body to its highest efficiency without the use of drugs. Dr. J. Madison Taylor has been appointed adjunct professor to take charge of the new department. He has just returned from an extensive tour abroad, from which he brings much instructive data for his new course of lectures to Temple medical students.

INDIVIDUAL TREATMENT OF MORPHINE HABITUES.

WILLIAM F. WAUGH, A. M., M. D.

CHICAGO.

Denn and Professor of Therapeutics, Bennett Medical College.

The following case fairly illustrates the individual treatment of morphinism, and may be compared with the quack method described by Lambert, which, with scarcely any variation, is applied alike to all cases. I will premise by stating that, during the twenty years I have been treating morphine habitues, I have never handled a case that required exactly the treatment demanded by the conditions presented by this patient.

A physician, 38 years old, native of England, addicted to morphine over ten years, taking 30 grains a day hypodermically. The man was physically weak and emaciated, but gave evidence of a strong will and a determination to free himself. Morphine had for him an unusual attraction, and no Oriental ever experienced more decided euphoria from opium than did he. One complication present was a large bunch of internal hemorrhoids, bleeding on the least irritation. He smoked innumerable cigarettes, but used no alcohol or other drugs. When he had tried to leave off morphine the withdrawal symptoms presenting were profound prostration and sweating.

Treatment.—For the coming debility, quinidine 2 decigrams three times a day. To eliminate the stored toxins, jalapin ½ centigram every two hours, adding to each dose lobelin ½ centigram and strychnine nitrate 1 milligram. A tablespoonful of salithia in four ounces cold water on rising.

Next day the lobelin was stopped as it had occasioned bilious vomiting, and in its place a like dose—½ centigram—of euonymin was given every two hours. He was allowed as much morphine as he wanted, whenever he wanted it, my plan being to so eliminate the toxins as to reduce the need for morphine, the reduction being thus effected automatically.

Let it be fully comprehended that this "need" is physical and not mental, and that the patient cannot by any effort of the will drive the toxins out of his blood, or prevent their acting on the delicate structures of the nerve centers.

Beginning sensation of fullness in the head called for a reduction of the quinidine to two doses per diem after the second day. Jalapin and euonymin had been chosen as cathartics to avoid irritation of the hemorrhoids. When these showed a tendency to bleed, hyoscine and atropine, one decimilligram each, were given every hour until the first indication of dryness of the mouth was manifested, then suspended until this subsided, and resumed. The hemorrhage ceased.

The catharsis was never violent, the bowels moving two to five times a day without distress. The patient took hot baths whenever he felt disposed. Meanwhile he strolled about the streets or frequented the moving-picture shows and vaudevilles, which aided materially in killing time.

The morphine was steadily reduced until the tenth day, when he had 2 milligrams morning and evening. He was then given 6 centigrams codeine phosphate twice; on the next day codeine twice and a centigram of morphine at bedtime, and for two days thereafter diminishing doses of codeine. Reaction began when the morphine was reduced to 12 milligrams per dosis, and the following night an emission occurred. The patient had been impotent more than a year before coming for treatment.

The unresolvable residuum of suffering in his case was that, on that one evening and the following morning he felt "pretty mean," and like lying about; and only slept five hours. The following evening he spent enjoyably at the vaudeville. Cold baths were commenced as soon as reaction was declared and were thoroughly enjoyed by the patient. He at once began to put on flesh, as his appetite assumed formidable proportions, and his manly vigor was re-established.

This was nearly an ideal case. We had exceptionally good material to work with and were not hampered with the usual auto-suggestions. Quinidine was chosen because it does not congest the ears as much as quinine, or the eyes like cinchonidine. Whenever the patient has been taking these large doses of morphine, over 15 grains a day, it is wise to replace its bulk by one of the cinchona alkaloids, or by caffeine if the heart or kidneys demand the latter.

Four days after all opiates had been discontinued an incident occurred that illustrates an important phase of convalescence. The patient's appetite was immense; and besides three regular meals daily and some lunches, he indulged in a 9 o'clock p.m. additional supper of soft shell crabs, fried potatoes and oysters, in Chicago, early in August, from a Halsted street restaurant! The result was a severe attack of colic with vomiting, and consequent depression, nevertheless the man's morale was so good that he took no opiate, although he had morphine in his possession. This may seem

surprising to those who look on all morphine users as depraved.

DEATH RATE AMONG CHILDREN — A GREATER PART OF THE DISEASES ARE PREVENTABLE, A CENSUS BULLETIN STATES.

Of the total number of 732,538 death in 1909 in the Census Bureau's death registration area, representing a fraction over 55 per cent of the provisionally estimated population of continental United States, no less than 196,534, or 26.8 per cent, were of children under 5 years of age, and 140,057, or 19.1 per cent, were of infants under 1 year of age. It appears in the Census Bureau's forthcoming bulletin on mortality statistics for 1909.

In general one death out of five that occurred during the year 1909 was of an infant under 1 year of age and a little more than one death in four or about 27 per cent was of children under 5 years of age. The registration cities showed slightly higher and the rural part of the registration states showed slightly lower proportions than those for the registration area as a whole.

The proportion of deaths of children under 5 years of age to the total deaths that occurred in the year is far greater than that of any other five-year period, a fact which, the bulletin states, does not indicate necessarily that the actual mortality or death rate per 1,000 persons living is higher than that at certain other periods, especially those at the more advanced ages. The early years of life, however, are of special importance, not only because of the large number of deaths that occur therein but also because, perhaps in greater proportion than that of any other period of life, a great part of these deaths are entirely preventable, and the causes which produce them are not being successfully combated. Great progress has been made in the reduction of infant mortality in England and other foreign countries in recent years, and a special organization has been formed lately in this country known as the American Association for the study and Prevention of Infant Mortality, whose object is to co-ordinate all the sanitary agencies available for the special purpose of reducing the number of preventable deaths of infants. It would be extremely desirable for such an important purpose that reliable statistics of infant mortality should be available for the entire registration area, and, as soon as possible, for the entire United States, with which the registration area for deaths will ultimately be coterminous. The correct statement of infant mortality, however, which is a technical term denoting the number of deaths of infants under 1 year of age per 1,000 living births, depends on the accurate registration of births, which is scarcely to be found in the United States, the bulletin states.

"In default of the proper statement of infant mortality, based on comparison of the deaths of infants under 1 year and the registered births, recourse may be had to the ratio between the deaths of infants under 1 year of age and the population by sex under 1 year, but the latter ratio is unsatisfactory for many reasons and is not available except by process of estimation for intercensal years. A very crude means of judging of the relative condition of a given area as regards the general extent of infant and child mortality is to compare the total number of deaths of infants under 1 years and of children under 5 years of age with the total number of deaths registered for the year Other things being equal, that is to say, with substantially similar populations with respect to age distribution and in the absence of epidemic diseases prevailing at higher age periods, the relative proportions of deaths of infants and children to the total number of deaths should show approximately the importance of infantile diseases and the feasibility of reducing the general mortality by efforts directed toward this class of disease.

"The per cent distribution of deaths of infants under 1 year to the total deaths for all ages ranges from 11 for California to 23 for Pennsylvania and South Dakota, and for children under 5 years of age from 15 for California to 33 for Pennsylvania and South Dakota.

"The colored population of Maryland, the only state for which a comparison of white and colored is available, shows still higher ratios, namely, 24 and 34 per cent, respectively. The lower proportion of deaths of infants in California may be explainable in part by the high proportions of deaths of non-residents from tuberculosis and other diseases at more advanced periods of life and perhaps the relatively small proportion of children. The high ratios for Pennsylvania and South Dakota are related also to the high birth rates of those states.

"For individual cities it happens frequently that the presence of an institution in which many deaths at advanced ages occur lowers the proportion of deaths of in-

fants and children, although the infant and child mortality may be fairly high.

"As stated by Dr. Arthur Newsholme, medical officer of the local government board of England, in his recent report on 'Infant and child mortality:'

"'The subject of child mortality is of national importance. One out of three deaths at all ages occurs under 5 years of age, one out of five during infancy, and one out of nine total deaths at all ages occurs under three months of age.

"'Infant mortality is the most sensible index we possess of social welfare and of sanitary administration, especially under urban conditions.

"'A heavy infant mortality implies a heavier death rate up to 5 years of age, and right up to adult life the districts suffering from a heavy child mortality have higher death rates than the districts whose infant mortality is low.

"'A careful study of the death rate of England and Wales during the last fifty years at each of the first five years of life leaves it doubtful whether any appreciably greater selection or "weeding out" is exercised by a heavier than a lighter infant mortality. Any such effect, if it exists, is concealed behind the overwhelming influence exerted by the evil environment to which children are exposed in districts of high infant mortality. It is strictly correct, therefore, to say that a high infant mortality implies a high prevalence of the conditions which determine national inferiority.'"

The secretion of urea is increased by sodum salicyl., sod. benzoate, colchicum, and the salts of potash.

Vaginal Douches of Lactic Acid.—Numerous investigations have shown that lactic acid is present in the vagina in health in a concentration of 03. to 05. pro mille. N. Cukor therefore argues that lactic acid should be used in vaginal douches in place of lysol, bichloride, or alkalies, which are all more or less irritating. The proper concentration is 0.3 to 0.5 per cent. Such douches are indicated for daily use in healthy women, to replace the loss of lactic acid after baths, etc. They will also hasten the return to normal conditions after menstruation, and should be employed when there is much discharge from the uterus or cervix. They will materially hasten the cure of erosions of the cervix and of catarrhal conditions of the vagina, cervix and uterus, and can effectually replace all other antiseptic solutions.— Klin.-therap. Woch.

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EDITORIAL

Vaccination and Tetanus.

The St. Louis profession and public are at the present considerably agitated by two fatal cases of post-vaccinal tetanus which have occurred in children this fall, and a third case which has brought out a very considerable debate as to the diagnosis. That the misfortune has occurred in the two cases the profession does not deny, and it greatly deplores it as it does sickness and death at all times. A death following so beneficent a measure as vaccination is doubly unfortunate, it is not alone because of the awfulness of tetanus and death but because of the fear of vaccination which results from such a case that we are saddened. The cases here have already frightened the public and created prejudice against one of the surest and safest protective measures that scientific medicine has ever discovered, even physicians have confessed to doubts and fears in regard to the measure though, fortunately, the number of such is very small. As well might anesthesia be abandoned because of a very small percentage of asphyxias resulting from it. It is not a question of the efficacy of vaccination, that is too fully established to call for debate, but we are confronted by a problem of quieting an alarmed public and of making sure that vaccination be continued without further deaths. We naturally believe that the source of the tetanus was either through infected virus or through a badly cared for vaccination wound. The virus has been pronounced free from blame, therefore our choice of an explanation is narrowed to a certainty. We are not doubting, but the question comes to our minds as to whether tetanus was a complication of vaccination in the days when the improved serums were unknown and when the scab itself was used, we presume that these wounds have always been especially attractive to the tetanus bacillus no matter what form of vaccine be used. There can be no

question the vaccinated child is usually turned loose with the wound more or less carefully dressed, and with altogether inadequate directions as to the care that is to be given it; physicians have it to learn that they must see cases of this kind through, these are no longer wounds which we may regard as safe with any kind of home treatment or no treatment after they have been made.

It is necessary to reassure the public at this time, and if there be weak-kneed members of our profession they should be bolstered up by an array of distinct and definite facts on vaccination. The St. Louis Medical Society at its last meeting expressed itself unanimously and in no doubtful voice on the subject, and the Judicial Council of the State organization has issued a communication to the public which should be widely read by physicians themselves, and to that end we append it:

To the Public—The present agitation in the public press in opposition to vaccination constrains the undersigned representatives of the organized medical profession of the state to make the following statement:

The experience of other countries and of this country shows that vaccination, properly performed and safeguarded, is as absolute a preventive of smallpox as can be obtained in the present state of our knowledge of biology and of medicine. The ravages of the disease in various countries and in various cities, which history records, have been made impossible wherever general and systematic vaccination is practiced.

The modern conception of the state's duty and of the individual's rights demand that the state protect its citizens, children and adults, against dangers which threaten from disease as well as from other causes. It is conceded that no individual possesses the right to commit acts, including those affecting his own person, when injury or danger to others may come from such acts. It is the duty of the state to protect the children in the schools against contagious and infectious diseases, as much as it is the duty to provide for education.

The commercial value of preventive measures against diseases is so well recognized that the United States Government maintains a department to supervise the entry into our ports of vessels which might carry persons afflicted with contagious or infectious diseases or cargoes which may be the carriers of such diseases. We endeavor to protect our rivers from contamination, and in the exercise of the police power of the state many precautions are taken in matters sanitary to protect the health and the lives of the citizens.

Experience proves that vaccination performed according to the best modern methods absolutely prevents smallpox. The wise and salutary regulations of the Board of Education of this city are commendable, an indication of the progressive spirit of its members, and educational, because they bring before the children of the school an object lesson in sanitation which is far-reaching and effectiue.

It is a mistake to decry vaccination because occasionally an unfortunate accident attaches to the practice, just as it would be unreasonable to discontinue the use of anesthctics because of an occasional fatal issue. It would be detrimental to the commercial interests of our city; it would injure the general sanitary condition of this great metropolis, and reflect unfavorably upon the intelligence of our people were the protective measures instituted by the School Board in regard to smallpox interfered with in the slightest degree.

For these reasons we favor the compulsory vaccination of all school children. It is to be regretted that authority is lodged nowhere which would supervise all the schools in the state in matters sanitary.

FRANK J. LUTZ, M. D., Chairman.
E. J. GOODWIN, M. D., Secretary,
Judicial Council, Missouri State Medical Association.

Federal Control of the Practice of Medicine.

The present trend of things medical is rapidly toward that most evidently desirable state, the assumption of control of the practice of medicine by the government. Such control will mean an end for many difficulties for a suffering profession and greater protection for a suffering public, and there appear to be abundant reasons why it should be urged by both. The present scheme of medical education can never reach a state anywhere near perfection, and so long as it exists there will be physicians of varying degrees of fitness graduated. So too with the present plan of independent state examining and licensing boards; the methods of examination and of handling candidates is almost as various as is the number of boards, while many of the examinations held do not elicit information of appreciable value as to the fitness of the candidate to practice, for they are more often technical than practical and, not infrequently, they are in some details neither. When once licensed the physician finds himself confronted by tremendous difficulties should he wish to change locations from one state to another; his status in various communities is variously defined or ill-defined, and he works out his destiny largely on his own initiative and along the lines that his school has taught him to follow. How splendidly different all this will be when the government controls medical education and makes all schools give uniform, adequate courses; when examinations shall be held in the various states by official examiners from Washington; when the state license shall be a National affair and shall be legal wherever our flag flies, and when the duties, obligations, responsibilities and privileges of the profession shall be definitely defined and uniform in all parts of

the country. What this will mean to the profession is so readily discernible as to need no pointing out; what it would mean to the public is almost as evident. No doubt it sounds Utopian; it is not yet near of accomplishment, but it must come one of these days and the profession should be so ready for it that they will not through misguided zeal obstruct and delay its coming.

The Mississippi Board of Medical Examiners completed its work, October 13, of grading the papers of the applicants for license to practice medicine. There were seventy applicants, and of that number only twenty-six made the required marks and were issued a certificate to practice.

The New City Hospital Staff.—The Hospital Board of St. Louis has selected the visiting staff for the public hospitals. The fitness of the applicants was based entirely upon professional attainment and standing, political influence beirg absolutely ignored. No one could be considered who had been in practice less than five years. The appointments follow:

Medicine.—O. H. Brown, H. J. Cummings, George Dock, William P. Elmer, William Engelbach, L. S. Luton, George Richter, John Salter, Jesse Myer, E. Smith, C. J. Luyties, G. C. Crandall.

Surgery.—E. A. Babler, Willard Bartlett, Vilray P. Blair, Ernest Jonas, W. E. Leighton, Max W. Myer, Louis Rassieur, Francis Reder, M. G. Seelig, Willis Young.

Gynecology and Obstetrics.—H. S. Crosen, A. N. Curtis, Hugo Ehrenfest, George Gellhorn, Percy Swahlen, Fred J. Taussig.

Ear, Nose and Throat.—William D. Black, H. W. Loeb, C. F. Pfingsten, R. P. Scholz.

Eye.—John Green, Jr., J. Ellis Jennings, Clarence Loeb, Ernst Saxl, Nathaniel M. Semple, Meyer Wiener.

Oral Surgeons.—J. P. Harper, D.D.S., Virgil Loeb.

Children's Diseases.—J. R. Clemens, Aaron Levy, Gustav Lippmann.

Genito Urinary.—C. E. Burford., J. W. Marchildon, Wm. M. Robertson, Henry J. Scherck, Bransford Lewis.

Deformities (Orthopedics). Nathaniel Allison, A. E. Horwitz.

Neurology.—M. A. Bliss, C. G. Chaddock, W. W. Graves, M. W. Hoge, Sidney I. Schwab.

Skin.—M. F. Engman, J. J. Houwink, W. H. Mook.

X-Ray.—R. D. Carman, Fred B. Hall.

NECROLOGY

Death of Dr. C. W. Hepburn.—Dr. C. W. Hepburn, who has been for some years a regular contributor to the Medical Fortnightly, died at his home in Philadelphia on Thursday, November 3d. Dr. Hepburn had been physically invalided for some years, but his mental brilliancy and activity were never impaired, and he joyed in his ability to work and be useful quite as truly as do those who have their full energy at command. The details of his illness have not yet reached us; some further obituary mention will be made in our next issue.

Death of Dr. Shoemaker.—John Veitch Shoemaker, M. D., died at his home in Philadelphia, October 11, from acute nephritis, aged 52. He was a member of the American Medical Association and trustee from 1890 to 1893; American Academy of Medicine; Association of Military Surgeons of the United States; British Medical Association and London Medical Society; formerly secretary, vice-president and president of the American Medical Editors' Association and president of the American Therapeutic Association; demonstrator and lecturer on anatomy and lecturer on cutaneous affections in Jefferson Medical College from 1874 to 1886; professor of cutaneous diseases and materia medica and therapeutics since 1886 in the Medico-Chirurgical College, and president of the institution since 1890; senior physician to the Medico-Chirurgical Hospital; founder of the Medical Bulletin in 1879, and Medical Register in 1887; editor of the Medical Times and Register. He was surgeon-general of the State of Pennsylvania from 1898 to 1902; and during the Spanish-American War raised the necessary funds and presented to the State of Pennsylvania a fully-equipped hospital train for the transportation of its sick soldiers from Camp Alger, Va. He was commissioned first lieutenant, Medical Reserve Corps, U.S. Army, in 1908. Dr. Shoemaker was a prolific contributor to the literature of dermatology, materia medica and therapeutics and served as president of the board of Charities and Corrections of the city and county of Philadelphia since 1901.

In case of bed sores, sponge with alcohol and remove pressure. An excellent application is said to be a soft ointment made by rubbing subnitrate of bismuth into castor oil. It is also serviceable in case of sore nipples.

MEDICAL PROGRESS

Comprising the Regular Contributions of the Fortnightly Department Staff.

SURGERY.

C. W. HEPBURN, M. D.

Orthopedic Treatment of Acute Poliomyelitis.—John Ridlon, Chicago (Jour. A.M.A., Oct. 22), states that the treatment of this disease consists of massage, use of braces and surgery. In nearly all cases of anterior poliomyelitis contraction deformities develop sooner or later. In most cases, fortunately, it is later, some months after the acute attack with its usual accompaniment of sensitiveness and soreness of the limbs has passed, and when it is comparatively easy with splints or braces to prevent it. But in a few cases contraction deformities, even of severe degree, develop during the first eight or ten days, while the sensitiveness is still so great that it seems a positive cruelty to move the child at all. But if the attending physician allows contraction deformities to develop, whether it be early or late, he should realize fully the responsibility he is taking, and should stand ready to admit that to his neglect of a simple precaution the child must have all the rest of his life more useless limbs than he needed to have. For no orthopedic or surgical treatment can ever make these contracted muscles as good as they might have been had he prevented the development of deformity. In regard to braces, Ridlon says that here and there an orthopedist can be found sufficiently competent to correct some slight contraction deformities by braces constructed to stretch the shortened muscles, but of these there are few, for most young orthopedists seem to have a greater ambition to perfect themselves in surgery than in mechanics. As a rule, braces should be used only to prevent the development of deformities at joints where the tendency is not great, in joints where the deformity has been fully corrected, and to enable the patient to use the limb more and better than he can use it without a brace. If there is no deformity and no tendency to deformity and the patient can use the limb without a brace, then a brace should never be used. A brace should be a help, not a burden. It is greatly to be regretted that the cupidity of some physicians leads them to order braces from surgical instrument makers who give a commission of 25 per cent on the cost of the brace, for this usually means a costly brace that the physician can neither measure for, fit to the patient, nor use intelligently. Ridlon discusses the indications for surgery and states that there is a certain risk, not often appreciated, in the use of great force in the correction of paralytic deformities. For both from non-use and from deficient nutrition arising from the paralysis, the bones grow thin and friable and may be broken before the deformity can be overcome. These bones when broken sometimes are the source of fat emboli, not infrequently the cause of death. But when a deformity can be safely corrected without a cutting operation it should be so corrected. Then it should be put up in a well-padded and heavy plaster splint and kept in the splint and used for from four to eight months. After that an efficient brace should be worn for years. When a paralytic deformity cannot be corrected by force alone, it can generally be fully corrected by simple tenotomies and force. When this is done the after-treatment should be as before indicated, namely, a well-padded and heavy plaster splint, worn for months while the limb is being used, followed by a brace, for years in most cases, and massage and movements. He declares that tendon splicing is useless and that tendon transplantation is of value in a small and carefully selected group of cases. The tendon-lengthening and joint-fixation with permanently buried silk ligatures as practiced during the past five years holds out as yet a promise of better results when well done in carefully selected cases. Yet hardly a week passes that we do not see cases operated on by others that have been utter failures. As yet it is too soon to say what the ultimate results will be after ten or fifteen years have passed in the cases that now seem to be entirely satisfactory. Treatment of these cases by nerve grafting is useless. The resection of flail joints in complete paralysis in order to obtain ankylosis and escape the burden and cost of braces for life is sometimes a success, and sometimes a failure through failure of bone union, probably owing to the impaired nutrition. The prognosis, in Ridlon's opinion, is not good for recovery from the paralysis.

Postprostatic Cystotomy.—Eugene Fuller, New York (Med. Rec., Oct. 22), describes his new operation of postprostatic cystotomy, and gives histories of two cases operated on by it with success. The dissection is made through the perineal structures, and no portion of the deep urethra or vesical neck is disturbed or entered. The dissection is behind the prostate, between that and the rectum, and enters the bladder through a longitudinal incision on the

floor of that cavity. It extends from the middle portion of the vesical floor forward midway between the ureteral orifices and divides the posterior portion of the trigonum. It gives the most perfect drainage while the patient lies in bed. This operation is applicable in tubercular cystitis and in cases in which the secondary lesion of the base of the bladder is extreme.

Congenital Hip Dislocation.—The prognosis in congenital dislocation of the hip forms the subject of a paper by E. H. Ochsner, Chicago (Jour. A.M.A., Oct. 22), who classifies these cases under three heads: First, cases in which no serious effort has been made to reduce the dislocation; second, cases which have come to the surgeon too late for a successful bloodless reduction, which he reckons as at the sixth year of age in double dislocations and eight years in single dislocations; third, patients who come for the bloodless operation to have a prospect of success, i.e., before the above ages. If untreated or ineffectively treated, the prognosis is always bad. At best, there is an unsightly deformity and a defect in gait which are serious enough afflictions, especially for girls. The power of endurance is also impaired and this is likely to be worse with increasing age or to become so after some infectious disease or severe strain. Because traumatic dislocations sometimes recover spontaneously, some still believe that a certain per centage of congental cases may also do so, but the conditions are different. The operation of choice is the Lorenz operation, and here, when the patients have passed the age limit, the results are not very promising, though a reduction of dislocation can usually be temporarily obtained. Ochsner considers that the open method of reduction is not justifiable in double dislocations, though the case is different in single ones. He has had two patients with double dislocations, in each of whom he was able to reduce one hip by the bloodless method, and, failing to reduce the second hip, he subsequently employed the open method and obtained fair results. His own statistics are given. He has treated 26 patients below the age limit, 17 of these with single dislocations, and reduction was secured in all with good success. Nine patients or 18 hips, with double dislocations below the age of 6 were treated. Reduction was secured in 14 hips by the bloodless method and 10 of these have been out of the cast for a year or more 9; of the 10 had good anatomic functional result, one relapsed after the cast was removed. Good anatomic functional results were obtained altogether in 10, or 71 per cent. The 4 still in casts were in good condition when last seen. The two assertions that he can make without fear of contradiction are, that first, no patient should go undiagnosed beyond the age of 3; and second, if properly treated at this age the majority can be successfully reduced and good functional and anatomic results obtained. He cautions against the use of too great force, especially suddenly. Another common error is to reduce by bringing the head of the bone around the lower border of the acetabulum instead of over the posterior rim. He thinks that this is one of the principal causes of the large number of anterior transpositions and also for the large number of failures in the hands of some operators. When reduction is once accomplished the hip should never be intentionally reluxated. The hamstring tendon should not be stretched at the time of reduction. Their action is fully as important in holding the head opposite the Y cartilage as is the subsequent weight bearing. The tenseness of the hamstring muscles is a very valuable sign for the first couple of weeks that the hip has not reluxated. The cast should be applied over stockinette instead of glazed cotton. If the bony prominences are protected by a little felt or quilted gauze, this will be much more comfortable than cotton padding, and it holds the head a great deal more firmly. The cast should be applied with the thighs abducted to a right angle and flexed to a right angle, and should be left in place for a year from the time of reduction with only one change of cast. Ochsner believes that development of the cotyloid cartilage is a most important factor in the permanence of the reduction.

Diphtheria in Indiana.—Eighty of the 149 throat cultures take from the throats of children of the Loogootee, Ind., public school by the assistant superintendent of the pathological laboratory of the State Board of Health have revealed diphtheria germs in examinations made in the laboratory. He went to Loogootee in response to a request to the State Board for some one to take charge of the situation, and relieve the place of danger from the carriers of the germs, a number of whom were suspected of going about without knowledge of the presence of the germs. The schools are now closed for the second time this school year because of the presence of the disease.

SOCIETY PROCEEDINGS

MISSISSIPPI VALLEY MEDICAL ASSOCIATION.

Thirty-sixth Annual Meeting, held at Detroit, September 13-15, 1910.

(Continued from page 428.)

Acetabular Fracture With Intrapelvic or Central Dislocation of the Femoral Head.—Dr. William Fuller, Chicago: So close is the relation between fractures and the changes that take place in the bone, what ever they may be, that all such injuries resulting from trivial or slight degrees of violence, should be regarded as possibly belonging to this class. Efforts have been made by several observers to put the etiology of fractures on a physical basis by studying the mechanical capabilities of bone. The great strength of the pelvic bones, their peculiar and wonderful articulations and liberal muscular supply, are factors which singly and combined contribute much to the neutralization of all forms of direct violence exerted on this portion of the body. While Katz's theory of the mechanism of certain acetabular fractures will probably hold good, it is also worthy of mention that the experiments of Kusmin demonstrated that this fracture could or would not occur unless the force be applied with the femur in abduction. When the legs were kept parallel the acetabulum remained unfractured. From impacted fractures of the femoral neck central dislocation of the femoral head may be differentiated by the age of the patient and the comparatively high degree of injury in the later instance. The remarkably sunken appearance of the greater trochanter and its slightly altered relation to Nealton's line are points which distinguish the dislocation. The certainty with which the femoral head may be palpated in either of the anterior dislocations of the femur and its increased in length in the thyroid dislocation will serve to differentiate any one of these dislocations from a central one. In the dorsal dislocation, especially one above the obtruator internus tendon, the trochanter is far above Nealton's line, the thigh is adducted. Reflexed, and the axis of the dislocated femur crosses the lower end of the opposite one. Moreover, in the simple dislocation all movements will be less free than when the head and neck occupy a central position. I do not intend that the symptoms of acetabular fracture given here are to minimize in the least the importance of the radiograph, but that each and every manifestation of all hip injuries of whatever nature should be carefully and cautiously considered. In no instance should the clinical findings settle the diagnosis, as they are frequently misleading, and the conclusions based thereon should invariably be corroborated by the roentgenologist. In case of failure to replace the head of the femur within the acetabulum, operation may offer the only hope of satisfactorily dealing with such a condition; but the particular type of operation and the advantages to be gained by it will depend much on factors opposing the reduction.

Gastrostomy as a Curative Measure per se in Non-Malignant Strictures of the Esophagus.—Dr. Joseph Rilus Eastman, Indianapolis: The directly beneficial effects of gastrostomy in cases of so-called benign strictures of the esophagus are not generally appreciated. We have been too slow to break away from old notions, which were developed in the pre-aseptic era when the performance of gastrostomy was attended with considerable danger. Ewald, in discussing a report of successful dilatation of a diphtheritic stricture by Rosenheim, referred to a peculiar observation which he had made in dealing with such benign stenoses, namely, the remarkable circumstance that cicatricial strictures for which gastrostomy had been made nearly always improved steadily after the stomach fistula had been provided and food had been introduced through the fistula instead of through the gullet, that is, the stricture gradually developed a larger caliber without any other treatment whatsoever.

Ewald explained these phenomena in the following manner: After the gastrostomy is made it becomes possible to fill the stomach with food. The pull of the full stomach downward gradually stretches to some degree the elastic esophagus. When the stomach becomes empty the downward pull ceases, then the pressure of the food mass above the stricture has its effect on the stretch and more yielding strictured segment. More compact masses of food may then squeeze through. The explanation of the phenomena given by Ewald can hardly be applied to all cases. After the swallowing of a hot or caustic fluid, the mucosa of the gullet may become deformed in many ways. Among many interesting deforming processes are, for example, the complete tube cast-like separation of the mucous membrane described by Strauss, the esophagitis dessicans superficials of Rosenberg, and esophagitis exfoliativa. In these conditions after the mucosa has be-

come loosened from the underlying tissues and thrown into folds or ridges or pockets, it is easy to understand that the passage of food or of a bougie must be attended with great mechanical difficulty. It also seems fair to believe that the downward traction due to the filled stomach must have the effect in some instances of smoothing the valve-like folds and irregularities of the loosened membrane, thus permitting the passage of food through a previously impassable esophageal lumen. Gastrostomy is curative per se for another and more important reason. The rest afforded the esophagus is of the greatest value in allaying the inflammation which precedes or attends practically all benign strictures. If ulceration be present, the passage of food, or what is worse the arrest of food, with consequent fermentation, must maintain or increase the activity.

Fracture Dislocation of the Atlas and Axis.—Dr. Carl E. Black, Jacksonville, Ill.: Called attention to the essential diagnostic points and gave reasons why operative interference has not been adopted more frequently. He summarized the treatment of such injuries as follows:

Immediate reduction may be done under an anesthetic. Walton has his patient sit in a chair while he turns the head still farther from the dislocated side. The head is then titled to the sound side and extended while the column is rotated back into place. Hueter's method by rotation may be used. When the atlas is dislocated, before any method of reduction is undertaken, we should be sure that the odontoid process is not fractured. If the odontoid process is fractured, we are advised by some to place the patient in a plaster cast which will immobilize the seat of injury until healing can take place, and then reduce the deformity. The objections to this plan are that it fails to give the patient any opportunity for relief before degeneration of the cord can take place, and subjects him to further pressure from callus, and finally it will usually be found impossible to effect reduction after so long a time. Another plan is operative interference. While considerations of the cord are all important in such injuries, we should not be deterred from making every reasonable effort to restore the dislocated or fractured spinal vertebrae, because many questions regarding the degeneration and regeneration of the cord are in the stage of controversy and remain unsettled. It would seem to be our plain duty to effect a restoration of the bony column as far as it can be done without further endangering the cord, except in those cases in which the cord is hopelessly crushed beyond the possibility of the recovery of lost functions. The mechanical difficulties are great and often insurmountable, but preservence with reasonable efforts to overcome them will certainly tell in time. It is a reasonable proposition that an injured cord has a better chance in a spinal canal with sufficient room than it has when held under even mild compression. From this reason, the second indication should usually be omitted and the injured parts exposed thoroughly. If the case is one of dislocation, efforts at reduction can be repeated under the direction of the eye and finger, and failing in this a laminectomy may be done.

Preparation Required for the Practice of General Surgery.—Dr. G. W. Green, Chicago: The public has a right to demand of the surgeon (1) a good foundation in the shape of a diploma from a good school; (2) considerable time spent with a master of surgery, so that he has the following knowledge: (a) sufficient experience to make a correct diagnosis; (b) sufficient experience to know what is the best to do when the diagnosis is made; (c) that he shall know just how to do the work and have enough practice to have a definite surgical technic of his own, so that he is capable of performing the operation he essays, or any complication which might arise from that operation in an average length of time; (d) that his mortality shall be as low, and his postoperative results as good, as those of the average surgeon. In return the surgeon has a right to expect fair remuneration and respect from the public, but no more than any other member with equal qualifications, specializing in any other branch of this, one of the noblest professions on the face of the earth.

Tuberculosis of Bones and Joints.—Dr. Edward M. Brown, Chicago: The treatment of tuberculous joint disease is (1) general or constitutional; (2) specific or serum treatment; (3) local. For practical purposes the local treatment may be divided into injection treatment, mechanical and operative. The advantages of operative treatment are: 1. The disease can at once be thoroughly eradicated, or nearly so that the patient easily overcomes the disease. 2. Dissemination of the disease is prevented. 3. The treatment is shortened. 4. The general condition of the patient rapidly improves. 5. The length of the limb and function of the joint are preserved to the best possible degree.

(To be continued)

AMERICAN PROCTOLOGIC SOCIETY.

Twelfth Annual Meeting, held at St. Louis, Mo., June 6 and 7, 1910.

(Continued from page 429.)

Skin Manifestations of Amebiasis.—(By Jno. L. Jelks, M.D., of Memphis, Tenn.)—The author had observed cutaneous affections among a number of persons suffering with chronic amebic infection. In April, 1909, he reported cases before the annual meeting of the DeSoto County (Mississippi) Medical Society. In May, 1909, he made similar allusions to these conditions before the annual meeting of the Arkansas State Medical Society. Again in April, of the present year, at the Tennessee State Society in a paper, "Amebiasis, complicated in one instance by Pellagra, in another, by eighteen Adenomata," he referred to these associated conditions. In one case, observed two years ago, with very chronic amebic infection and ulceration, the patient had for more than forty years observed that the skin lesions, which were erythematous and macular, and at times edematous, depended very greatly upon the condition of the bowel at that time. This patient was returned to her family physician as incurable owing to the scarred, distorted and stenosed condition of the bowel. She has since died, apparently from exhaustion produced by a most extensive desquamative dermatitis. Another case, which was observed in the winter of 1908-1909, of chronic amebic ulceration, with liver abscess complicating, presented extensive macular, papular and pustular skin lesions which quickly cleared up under treatment, which was directed solely to the intestinal infection and ulceration. Recently a case was presented, which had been diagnosed by several able physicians and skin specialists as one of pellagra. The case presented all symptoms of amebic infection, which preceded the skin lesions, and the author found the ent-ameba hystolitica in the muco-purulent material taken from the rectum, and concluded that the condition known as pellagra may have its solution as to etiology when systematic examinations are made for parasitic infections and intestinal conditions. The author expressed the belief that those may help explain the prevalence of the condition known as pellagra in the South. A report of six cases were presented in support of his views and he emphasized the singular coincidental, if not consequential, skin lesions in so many chronic amebic cases which have been observed by him and which responded to treatment directed solely to the intestinal infection and ulceration. He quotes other authority both in this and other countries which are supportive of his views.

Incontinence Following Rectal Operations.—(By Geo. B. Evans, M. D., of Dayton, Ohio.)—We understand the external sphincter to be a flat plane of muscular fibers, elliptical in shape, and intimately adherent to the integument and joining with the pernonei, levator ani and accelator urinae. It is a voluntary muscle and supplied by a branch of the fourth sacral nerve. The internal sphincter is but a muscular ring, half an inch in breadth, in thickness two lines, and but an aggregation of the involuntary circular fibers of the intestine. Evidently the only true sphincter ani is the external—the internal sphincter ani is not subject to volition—and its sphincteric influence must be largely due to the support afforded it by the practically amalgamated muscles which form the floor of the pelvis and whose main function is the support of the hollow viscera of the pelvic cavity. Would it, therefore, be illogical, to believe that the internal sphincter is not, neither can it be made by any surgical procedure an efficient voluntary constrictor? Certainly, it is true that efficient and satisfactory sphincteric function is dependent on normal support of the bowel by a normal muscular floor, with a normal interdependent power of sphincter muscles, hence any trauma which interferes with muscular function disables proportionately to the extent of the injury. That incontinence does follow division of the external sphincter, that incontinence does follow division of the internal sphincter, is not denied and when their division becomes a necessity the best way, if there is one, of making the incision should be chosen. Can we hope that ere long there will be a method of cure for fistula in ano that will exclude even the possibility of incontinence? Considering the anatomical conformation of the perineum, the mutual dependence of perfect function, I would admonish those engaged in rectal surgery to not forget that indifferent and multiple injuries (even surgical injuries) should not be indulged in, for fear of a result that would prove more painful and unendurable than the condition which indicated operative interference. We believe that incontinence can be obviated by relieving the tension of the fibers of the levator ani muscle at their attachment to the external sphincter, or both the external and the internal sphincter by nicking the fibers of said muscles on either side of the fistulous tract and thus permitting an in-

cision of the muscle at right angles to the same.

Ulceration of the Rectum in Pregnant Women and the Part It Plays as a Factor in Abortions; with a Report of Cases.(—By Leon Straus, M. D., of St. Louis, Mo.)—Sixteen years devoted to diseases of the rectum exclusively has afforded the author the opportunity to see and classify a large number of cases of irritable ulcer of the rectum in pregnancy, to say nothing for a much larger number not associated with this condition. He has kept a very careful record of these most interesting cases and has classified them with reference to certain conclusions, namely, that it is a factor not infrequently overlooked. Then, too, many general practitioners make the contention that an operation is uncalled for and unwarranted, that is to say, an operation will certainly produce the very result which it is intended to avoid. He dissented absolutely from this contention and for that reason reported the results of his work along this line and his final conclusions. He has operated twenty-four times for the result of irritable ulcer of the rectum in pregnant women. Not all of these operations were made to prevent abortion. In fact only fourteen had had one or more abortions. That leaves ten for which the operation was made to relieve the distressing pain from which these patients suffer. A number of these cases are unique and teach a lesson apart from the average case. The history, symptoms and results, of several such cases were reported and the following conclusions were drawn: First. That irritable ulcer of the rectum is not an infrequent factor in abortion and miscarriage Second. That the local lesion is not recognized by the general practitioner. Third. That you will meet strong opposition to operative interference by the general practitioner. Fourth. That you can and should operate at any period of the pregnancy if indicated. Fifth. That the danger and only danger is in leaving the fissure without operating. Sixth. That you may and will often have to assume the entire responsibility for the outcome of the operative procedure. Seventh. That we proctologists should teach on the by-ways and highways of surgery the invariable indication for surgical interference in these unfortunate cases.

(To be continued)

An hypertrophied prostate in which nodules can be felt per rectum is carcinomatous.—Amer. Jour. of Surg.

MEDICAL SOCIETY NEWS

Colored Physicians Organize.—The negro practitioners of Missouri met in Sedalia October 8, and organized the Pan-Medical Association of Missouri, and elected the following officers: President, Dr. J. Mayo Harris, Sedalia; secretary, James F. Shannon, Kansas City, and treasurer, Dr. John R. A. Crossland, St. Joseph.

Medical Association of the Southwest.—The annual meeting was held in Wichita, Kan., on October 12. The following officers were elected: President, Dr. M. L. Perry of Parsons, Kan.; Vice-Presidents, Dr. J. M. Griffin of Sulphur Springs, Ark.; Dr. W. H. Stauffer, of St. Louis, Dr. E. S. Lain of Oklahoma City, and Dr. W. L. Allison of Fort Worth, Tex.; Secretary-Treasurer, Dr. F. H. Clark of El Reno, Okla.

The Minnesota State Medical Association.—At the annual meeting of the association held in Minneapolis on October 6 and 7, the following officers were elected for the ensuing year: President, Dr. G. W. Robertson, Litchfield; vice-presidents, Dr. F. W. Dimmitt, Red Wing, and Dr. F. W. Schofield, Benson; secretary, Dr. Thomas McDavitt, St. Paul; treasurer, Dr. R. J. Hill, Minneapolis. St. Paul was selected as the place for the next meeting which will be held on October 5 and 7, 1911.

The Utah State Medical Association.—The sixteenth annual meeting of the association, which was held at Salt Lake City on October 3 and 4, concluded with the election of the following officers for the ensuing year: President, Dr. Fred W. Taylor, Provo; vice-presidents, Dr. R. A. Pearse, Brigham City; Dr. W. B. Tyndale, Salt Lake City, and Dr. Heber C. Robinson, American Fork; secretary, Dr. W. Brown Ewing, Salt Lake City; treasurer, Dr. J. N. Harrison, Salt Lake City.

The Colorado State Medical Society.—At the annual meeting of this society, held in Colorado Springs, on October 11th, the following officers were elected: President, Dr. Will Howard Swan, of Colorado Springs; first vice-president, Dr. T. E. Carmody, of Denver; second vice-president, Dr. M. J. Keeney, of Pueblo; third vice-president, Dr. Samuel French, of Meeker; treasurer, Dr. George W. Miel, of Denver; councilors, Dr. Edgar Hadley, of Telluride; Dr. Charles F. Gardiner, of Colorado Springs; Dr. Edward A. Whitmore, of Leadville; Dr. Jacob C. Chipman, of Sterling.

MEDICAL MISCELLANY

A New Enemy to the Fly.—A member of the Philippine Army Medical Corps reports that flies are exceedingly rare in that country on account of the fact that a certain species of ant ravenously devours the larvae of the fly. It is not known that the ant has any objectionable features, and it has been proposed to introduce the ant into this country, in order to rid us of the fly nuisance. But we first want to know that the ant will not prove to be a pest.

The Medical Herald-Index-Lancet Consolidation.—It has lately been announced that the Medical Index-Lancet of Kansas City has been acquired by Dr. S. Grover Burnett of that city, and Dr. Charles Wood Fassett, editor of the Medical Herald, of St. Joseph. Dr. Fassett will presently remove to Kansas City where he will combine the two journals into one which he promises shall rank with the best in the country. Both the Herald and the Index-Lancet have made for themselves places of such unquestioned usefulness that their combination speaks for strength and greater usefulness. Dr. Fassett is generally recognized as one of the most capable and enthusiastic medical journalists in America, while Dr. Burnett has for many years been a contributor to medical literature. We believe that they will give the Kansas City profession a journal of which they can be proud, and one which will reflect credit on their busy and aggressive city.

Testimonial Dinner to Dr. J. M. Bodine.—For forty-five years Dr. James Morrison Bodine, as dean and president of the faculty, has presided over the destinies of the University of Louisville Medical Department. Now entering his eightieth year he continues to devote his energies to the cause of medical education. His many friends and pupils scattered throughout the country have deemed this an appropriate occasion to show their appreciation of his devotion and their affection for him personally. To this end it has been decided to give him a testimonial dinner on the 16th of December, 1910, at the Seelbach Hotel in Louisville. Those friends whom the committee has been unable to reach by invitation are cordially invited to attend and are requested to signify such intention at once by writing to the chairman of the committee. The cost per plate will be ten dollars. Signed: Lewis S. McMurtry, J. M. Mathews, Ap Morgan Vance, J. M. Ray, Thos. L. Butler, I. N. Bloom, Chairman.

Spirits of camphor and lime water, equal parts, applied early, aborts carbuncles.

A uniform enlargement of one buttock, developing spontaneously and not of subcutaneous origin, is probably due to a subgluteal lipoma. Here, too, however, a hydroma must be thought of.—Amer. Jour. of Surg.

Dogs Muzzled in Washington.—Because of the large number of children bitten by dogs in Washington, the commissioners ordered all dogs muzzled. Straightway the Humane Society got busy, and petitions were signed to ask President Taft to interfere in favor of the poor dogs.

A Reception to Dr. Sajous.—The officers and fellows of the Manhattan Medical Society tendered a reception to Dr. Charles E. de M. Sajous, of Philadelphia, at the society's hall, Reisenweber's Cafe, New York, on Friday evening, October 28th. A interesting paper was read by Dr. Sajous entitled The Adrenals in their Relation to General Diseases and their Treatment. Dr. Heinrich Stern is president of the society and Dr. Ross McPherson is secretary.

National Precautions Against Cholera.—At the request of Surgeon General Walter Wyman, every American village, town and city that recently has received, or until further notice receives, any Russian or Italian immigrant will be directed to isolate him if he develops any symptoms whatever of cholera. Of 15,000 steerage passengers who have landed in the last seven days, more than half have been from Italian ports or are Russians. The two cholera patients at Swinburne Island are improving.

Cholera in New York Harbor.—It is reported that cholera has reached New York harbor, in spite of the most rigid precautions which have been taken by the health authorities. On September 26th a patient suspected of having cholera was sent to Swinburne Island, where he died three days later. On September 25th a man died from cholera on board the Santa Anna, which is now in quarantine in New York harbor, and there are two suspected cases of the disease under observation by Dr. Doty. On board the Hamburg-American liner, Moltke is one suspected case. Surgeon-general Wyman, of the United States Pubilc Health and Marine Hospital Service, does not regard the situation as serious, and believes that the precautions taken by the United States Government precludes any possibility of cholera invading this country.

TO THE FRONT SAINT LOUIS

THE MEDICAL FORTNIGHTLY

A Cosmopolitan Biweekly for the General Practitioner

The Medical Fortnightly is devoted to the progress of the Practice and Science of Medicine and Surgery. Its aim is to present topics of interest and importance to physicians, and to this end, in addition to a well-selected corps of Department Editors, it has secured correspondents in the leading medical centers of Europe and America. Contributions of a scentific nature, and original in character, solicited. News of Societies, and of interesting medical topics, cordially invited.

Advertising forms close on the first and fifteenth of each month. Time should be allowed to submit proof for correction. Advertising rates on application.

Remittances and business communications should be addressed to the Fortnightly Press Co.

Subscription, $2.00 a year, in advance, including postage to any part of the United States, Mexico and Canada. Postage to foreign countries in the Universal Postal Union, including Newfoundland, $1.00 a year additional. Entered at the St. Joseph postoffice as second-class matter.

Subscriptions may begin at any time; volumes end with June and December.

Contributors should understand that corrected typewritten copy is essential to clean proof and prompt publication, and is much more satisfactory than manuscript. Original articles should be as condensed as justice to the subject will allow.

Editorial offices in St. Louis and St. Joseph, where specimen copies may be obtained, and subscriptions will be received.

Contributions and books for review should be addressed to the Managing Editor, 319 and 320 Century Building, St. Louis, Mo.

FAVORITE PRESCRIPTIONS

Treatment of Hyperidrosis of the Feet.—Clair (La medecine a bord) advises a hot foot bath containing in solution about four grains of potassium permanganate or a solution of formaldehyde, U. S. P., in the strength of 1 in 250 parts. The feet are kept in either one of the solutions for a period of two minutes, after which they are washed with soap and water, rinsed in cold water and dried. The interior of the socks is dusted with a powder of the following composition:

℞ Menthol.....gr. viiss
Bismuth, benzoate or salicylate.....3iiss
Boric acid.....3iii
Talcum.....3x

The ingredients, all in a state of impalpable division, are mixed intimately to form a dusting powder.

Constipation in Childhood.—When the constipation is associated with deficient hepatic action, indicated by pallor of the stools, grey powder is a useful remedy, and this may be combined with powdered rhubarb as follows:

Pulv. hydrargyri cum creta...gr. i
Pulv. cinnamoni.....gr. ss
Pulv. rhei.....gr. iii
Fiat pulv.

To be given at night.—Poynton, London Practitioner.

Formulas for Hemorrhoids.—

℞ Morphin sulph.....gr. v
Ext. hyoscyami.....gr. v
Ung. zinci oxid.....3i

℞ Bismuth. subnit.....3ii
Hydrarg. chlor. mite.....gr. 1
Morph. sulph.....gr. v
Zinci oxidi.....3ii
Vaseline.....3i

Sig.: Apply to parts morning and evening.

Dr. Gant, of New York, recommends:

℞ Morph. sulph.....gr. viii
Hydrarg. chlor. mit.....gr. xii
Vaseline.....3i

Sig.: Apply freely in the rectum to the tumors.

Dr. Andrews recommends this suppository:

℞ Pulv. opii.....
Ext. belladon.....aa gr. x
Ol. theobrom.....q. s.

Divide into five suppositories. Sig.: Insert one when required.—Hodson, Inter. Jour. of Surg.

Rheumatic Endocarditis.—The best way to administer quinine to these patients is as follows:

Quin. sulph.....gr. xxiv
Acidi citrici.....dr. iij
Tinct. limonis.....dr. j
Aquae q.s.....oz. xij

Two tablespoonfuls every 2 hours in water with enough citrate of potassium to make effervescence.—Med. Standard.

Charlatanism in Prussia.—In an article by Professor R. Kutner, in the Allgemeine Wiener Medizinische Zeitung, for August 30, upon "Charlatanism in Prussia in 1908," it is stated that, according to the official report on "Das Gesundheitiswesen des preussischen Staates," just issued, the number of registered irregulars has risen from 4,104 in 1902 to 7,549 in 1908, in spite of measures adopted for regulation of this evil. In the year 1908 the increase was 676

A Rare Cough Syrup

Syrup Thiocol Roche

Rare in composition, because it contains but **a single drug**—Thiocol Roche, the odorless, non-irritating, palatable derivative of guaiacol—as its active ingredient. **No morphine, no codeine, no chloroform, no habit-forming or constipating drug of any sort.**

Rare in therapeutic efficiency, because it not only exercises a sedative and curative action on the primary and general infection, but also, owing to its antiseptic and anti-microbic properties, inhibits the invasion of streptococci and other harmful micro-organisms.

"I have given Thiocol freely in infancy and old age. In the cold, wet weather from January to April I treated many cases of subacute tracheitis and bronchitis, existing from several weeks to three or four months. Under the use of small doses of Thiocol **every case got well in a remarkably short period of time.**" *Dr.——, Providence, R.I.*

In affections of the respiratory organs and in broncho-pulmonary complications—winter coughs and colds, bronchitis, laryngitis, tracheitis, grippe, etc., the effects of

Syrup Thiocol Roche

are prompt and thorough. Children take it readily.

THE DOSE; ½ to 2 teaspoonfuls t. i. d., according to age.

Marketed in 6-oz. bottles only, never in bulk.

Send for Sample if desired.

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Protect your reputation—Patronize only honest druggists.

LISTERINE is a powerful, non-toxic antiseptic. It is a saturated solution of boric acid, reinforced by the antiseptic properties of ozoniferous oils. It is unirritating, even when applied to the most delicate tissue. It does not coagulate serous albumen. It is particularly useful in the treatment of abnormal conditions of the mucosa, and admirably suited for a wash, gargle or douche in catarrhal conditions of the nose and throat.

There is no possibility of poisonous effect through the absorption of Listerine.

Listerine Dermatic Soap is a bland, unirritating and remarkably efficient soap.

The important function which the skin performs in the maintenance of the personal health may easily be impaired by the use of an impure soap, or by one containing insoluble matter which tends to close the pores of the skin, and thus defeats the object of the emunctories; indeed, skin diseases may be induced, and existing disease greatly aggravated by the use of an impure or irritating soap. When it is to be used in cleansing a cutaneous surface affected by disease, it is doubly important that a pure soap be selected, hence Listerine Dermatic Soap will prove an effective adjuvant in the general treatment prescribed for the relief of various cutaneous diseases.

"The Inhibitory Action of Listerine," a 128-page pamphlet descriptive of the antiseptic, and indicating its utility in medical, surgical and dental practice, may be had upon application to the manufacturers, Lambert Pharmacal Co., Saint Louis, Missouri, but the best advertisement of Listerine is . . . . . .

LISTERINE

THE MONTH'S MAGAZINES

Robert Hichen's New Novel.—Robert Hichen's new short novel, which is to appear in The Century beginning with November, was first called "Deep Waters," but the name has been changed to "The Dweller on the Threshold." It is a psychical story.

Treasures of Truth.—By George F. Butler. Published by S. De Witt Clough, Ravenswood, Chicago. Price: boards, 75 cents; leather bound, one dollar. A collection of the great and good sayings of many ages, from many sources, which have soothed, strengthened and inspired Dr. Butler in the arduous work of his profession, which should produce a similar effect on other physicians—and laymen as well. It is a useful and valuable collection of "good things" and is beautifully printed.

"The Great Modern Hospital."—The wonderful advance of the modern hospital is a matter affecting every person; and Dr. W. Gilman Thompson has written for a wide circle in his article on "The Great Modern Hospital" in the November Century. In this article the author, professor of medicine in the Cornell University Medical College, New York City, and visiting physician to the Presbyterian and Bellevue hospitals, presents with authority much of great interest regarding present day standards of organization and equipment.

Motoring Without Labor.—"Imagine motoring with never a turn of the crank to start the engine, with no removal, repair, and replacement of a damaged tire in its clincher rim on the road, and no laborious pumping-up afterward; picture yourself driving until nightfall and then turning on the headlights, side-lights and tail-light by a simple turn of a switch or lever on the dash; anticipate the delights of a tour over an unfamiliar route with every turn to be made indicated automatically on a dial always directly before you, to which your attention is called by an automatic signal at the right instant or on which prominent landmarks are shown to reassure you," writes Harry Wilkin Perry in an article entitled "Motoring Without Labor," which appears in the issue of Harper's Weekly for October 1st. All these things are possible and are described in this interesting article.

New Ridgway Magazine.—The Ridgway Company, publishers of Everybody's, this month enter the field with a second magazine. Its name, Adventure, is a good index of its contents, for from first to last it is devoted to stories of action and adventure of all kinds, in all kinds of places and among all kinds of people. All those who like stories with backbones and red blood in them and like them told by people who know how will probably take up Adventure with a good deal of interest.

The November St. Nicholas is the beginning of the new volume, the thirty-eighth, and of the new magazine year; and it brings—good news for boys and girls—the first chapters of Ralph Henry Barbour's new serial, "Team-mates," a story of boys and work and play at Oak Park School. Then there is the second paper by "Ted" Coy, captain of the Yale football team of 1909, on "Football Under the New Rules," a discussion of their advantages and disadvantages, and a plea for a fair and square trial of the new rules. All lads will be immensely interested in the diagrams accompanying the article. Do you know the beautiful story of the childhood of Florence Nightingale, "little lady of mercy"? Do you know of the surprising and beautiful results possible in photography with pinhole lenses? Did you ever hear of "lemmings," the traveling rats who leave ruin in their path? Would you not enjoy making a perfectly fascinating ingle-nook in your home? Did you ever hear of a tame deer that remembered its fawn home and human friends? Do you know what big banking business is done just for boys and girls? These are a few of the many good things in the November St. Nicholas.

Exercise the Road to Health. Keep on exercising is the doctrine preached by Dr. Woods Hutchinson in the November Outing. In this number he discusses the "Real Danger of Athletics," emphasizing very strongly the danger of "letting go." He says: "One of the secrets of the wonderful vigor and vitality of the English nation is their attitude towards sports and games in the open air, not merely in childhood and in youth, but through all ages, down to the very end of life. The boy who has become a cricketer, or a football player, or an oarsman, or a cross-country runner in his school or college, goes right on with his practice and his matches when he starts into business and professional life and plays just as hard and almost as regularly in the long summer evenings and on his religiously observed Saturday half-holidays and Sundays at forty as he did at fourteen.

"There are almost as many cricket, hockey, rowing, fencing, and other athletic clubs in England the majority of whose members are over thirty-five, as there are of those under that age. The youngster, taking up his life work, joins one or more of these clubs in his new town or neighborhood, just as much as a matter of course as he joins his church or his Y. M. C. A., or Literary Club, or Lodge. If he has been successful in 'making' his school cricket team or crew, he sets out to win a place upon his county team."

MEDICAL MEMORANDA.

For anemia, chlorosis, faulty nutrition, and as a tonic for weak and debilitated women and children, the use of Hoff's malt with iron, has produced most happy results. Try it, doctor. Each wineglassful contains one gramme of the peptonates of manganese and iron.

A St. Louis Office.—The attention of our readers is called to the fact that the St. Louis office of the Abbott Alkaloidal Company is located at room 523 Granite Building, southwest corner of Fourth and Olive streets; telephone (Kinloch) Central 4549. Mr. G. B. Self, manager in this city, reports a widespread interest on the part of the St. Louis doctors in the active principles and the popular specialties of the Abbott Alkaloidal Co., and a growing business. Any sort of inquiry addressed to Mr. Self as above will bring a prompt response—telephone and mail orders filled from this office on short notice.

The New Hypnotic—Calmine.—It is safe to say that every doctor in practice has some time wished for a better hypnotic than the materia medica afforded. Some of those available quite "filled the bill," but they have been prescribed out of necessity because that better one was not yet evolved. Now, apparently, it has appeared. Calmine is its trade name; in chemical parlance it is sodium diethylbarbiturate—a fine, white, water-soluble powder with an alkaline taste. The Abbott Alkaloidal Co., of Chicago, supply it in the form of 2½ grain tablets—twenty-five in a package. Calmine has been thoroughly tried out by leading clinicians in this country and abroad, all of whom pronounce it an entirely satisfactory hypnotic, sleep inducer and nerve-calmative. It acts promptly. It is followed by no bad after-effects, no "head," no nausea, no tremulousness the next day. It seems to be absolutely harmless. It may be dissolved in water and given per rectum if desired. And last of all, but not by any means least, it is reasonable in price. A well-known physician who used it in insomnia following worry said of it: "An average dose afforded me a calm and restful sleep from which I awoke without the headache, nausea, and tremulousness that succeed the ordinary hypnotic." Calmine should prove very useful in the treatment of insomnia, nervous irritability, delirium tremens, sea-sickness, hysteria, mania and every type of nerve-storm. It certainly acts ideally in the wakefulness that follows worry, mental overstrain, excitement and too free indulgence in coffee and tobacco. The Abbott Alkaloidal Co., of Chicago, are sending samples on request and circular matter describing the agent in full. Every doctor should certainly send for this trial package.

The Hypodermatic Tablet as an Emergency Agent.—If there is one class of therapeutic agents which more than another should be chosen with discretion and judgment, the hypodermatic tablet represents that class. When he administers a preparation hypodermatically the physician wants prompt action, and he wants to be certain that he is going to get it. To have that assurance he must us a tablet that is active, that has definite strength, that dissolves promptly and wholly. Cheap tablets, poorly made tablets, tablets concerning which there is the slightest doubt as to medicinal quality, may well be left alone. And there is no need to err in the matter of selection. Hypodermatic tablets of the better sort are easily obtainable. Perhaps the brand which comes most readily to mind is the brand which is exploited so extensively to physicians under the familiar caption of "Five Seconds by the Watch." The makers, it is hardly necessary to add, are Messrs. Parke, Davis & Co., who guarantee their hypodermatic tablets unequivocally as to purity, solubility, activity and stability.

An Unconventional Cough Syrup.—There are "cough syrups" without end. Some of them, it is needless to say, have little or no therapeutic value. Conversely, there are some that no physician need hesitate to prescribe. One of these—syrup cocillana compound (P. D. & Co.)—is so exceptional in many particulars as to be worthy of special mention just now, when coughs are so plentifully in evidence. By its name no one would recognize it as a preparation for "coughs" and "colds," and this, in connection with its general efficiency, constitutes one of its chief claims to distinction. It is a product which the layman knows nothing about. It does not encourage counter-prescription or self-medication. It was designed especially with reference to the needs of the prescriptionist. The formula of syrup cocillana compound, which of course is plainly printed on the label, is quite unusual. Let us briefly consider its components: Euphorbia pilulifera—serviceable in the treatment of chronic bronchitis and emphysema; wild lettuce—a mild and harmless narcotic, useful in spasmodic and irritable coughs; cocillana—valuable expectorant, tonic and laxative, exerts an influence on the respiratory organs similar to that of ipecac; syrup squill compound—serviceable in subacute or chronic bronchitis, as an expectorant, and as an emetic in croup; cascarin—the bitter glucoside of cascara sagrada, useful for its laxative action; heroin hydrochloride—a derivative of morphine and extensively prescribed in the treatment of cough, especially bronchial origin; menthol—stimulant, refrigerant, carminative and antiseptic, serviceable in coughs of pharyngeal origin. Syrup cocillana compound would seem to be worthy of extensive prescription.

Diabetes Insipidus.—Some cases of this disease are reported as showing great improvement under strychnine given by hypodermic injection, and ergot internally.

A Noise Like a Salad.—A distinguished society leader of New York, lately returned from a motor trip through France, said that her most delightful experience was hearing the French pheasants singing the mayonnaise.—Everybody's Magazine.

Physicians who are not using Gray's Glycerine Tonic Comp. in their every day work are urged to give it a test in their next case of atonic indigestion, gastro-intestinal dyspepsia, chronic bronchitis, anemia, convalescence from any of the acute diseases, in fact in any case of general debility or functional weakness Samples will be supplied on request. The Purdue Frederick Co., 298 Broadway, New York.

"There is no foe to human progress greater than the tyranny of the "rut" that would destroy individuality and turn us all into regulation pattern. Let us have more people who have the courage to let go of conventionalities—to get out of the rut—to let go of everything that is an impediment to sincerity and honesty, and who dare to be natural and to act under all circumstances according to their highest conception of truth."—George F. Butler.

A Palatable Cod Liver Oil Preparation.—By means of cord. ext. ol. morrhuae comp. (Hagee), the patient may enjoy the great advantages of cod liver oil and be relieved of its distressing features. The plain oil frequently gives rise to gastric distress. Cord. ext. ol. morrhuae comp. (Hagee) does not, yet its therapeutic properties are just as potent as the plain oil when the latter is tolerated. Cord. ext. ol. morrhuae comp. (Hagee) nourishes the tissues as does nothing else and may be relied upon in grip, bronchitis, tuberculosis and all states demanding tissue reconstructives.

Aseptic Surgery.—Pre-operative preparation of integual surface in abdominal and other surgical cases. The scientific, Twentieth Century method in surgery is: no water, no soap, no slop, no muss; no scrub brush, no excoriated surface to admit infection. Preparation of Patient: Points to remember: 1st, 4 to 12 hours before time to operate bathe integual surface over operative point with alcohol and allow surface to dry. 2nd, Apply Iodum-Miller, full strength, and spread gently with fingers. 3rd, Cover surface with absorbent cotton, two layers of the thickness it comes in pound rolls. 4th, Hold cotton in place with bandage. 5th, When ready to operate remove bandage and cotton. 6th, Again bathe integual surface with alcohol. Patient is now ready for operation with not only an aseptic surface, but subcutaneous, as well, because the iodine has been absorbed deep into the tissues and because a soluble iodine, such as Iodum-Miller, is the best known antiseptic.

Home Treatment of Tuberculosis.—Not every patient is able to seek the climate best suited to his condition, and it becomes necessary for him to make the best of those curative means at his command. After the physician has outlined to him a well ordered mode of living, there then arises the question of an agent that will aid in tissue reconstruction and resistance to the disease process. In choosing his therapeutic means of combatting tuberculosis, the physician takes into consideration two features—the value of the remedy chosen for the purpose and the patient's ability to continue it for a sufficient period to derive results. Quite naturally, he thinks of cod liver oil. But generally, cod liver oil products quickly prove distressing to the gastric apparatus. A striking exception is the cord. ext. ol. morrhuae comp. (Hagee). Although it is just as potent a tissue builder as the crude product, it possesses added advantages in that it is palatable and this is a most important feature. It agrees with weak stomachs in a surprising manner and may be continued indefinitely without giving rise to gastric unrest.

The Awakening.

I dreamed of her I once loved best,
Who once my being had possessed,
Whose hand I'd passionately pressed.
Once more I sought her out with zest.
"She'll joy to welcome me," I guessed.
And then, ah me!
That it should be,
With bitter pain
I guessed again.
I found a bird in last year's nest,
With plumage rare
Of yellow hair,
With her sweet head at rest
Upon the vest
He wore upon his protruding chest! —Harper's Weekly.